24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼
	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed	d on 06 11 2020
Full Name of Payee Tradewinds Consulting, Inc.	Date of Public Distribution/Dissemination Date of Public Distribution/Dissemination 06 09 2020
Mailing Address 21850 Inglewood Ct.	Amount
City State Zip Code	1131.55
Ashburn VA 20148	Transaction ID : SE.17884 Date of Disbursement or Obligation
Purpose of Expenditure Printing / Production / Postage (estimate) Category/ Type	06
Name of Federal Candidate Support Offic	e Sought: House District:
MCSALLY, MARTHA, , ,	President Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought Disb 2020	ursement For:
Full Name of Payee Tradewinds Consulting, Inc.	Date of Public Distribution/Dissemination
Mailing Address 21850 Inglewood Ct.	06 09 2020 Amount
City State Zip Code	1131.55
Ashburn VA 20148	Transaction ID : SE.17885 Date of Disbursement or Obligation
Purpose of Expenditure Printing / Production / Postage (estimate) Category/ Type	06 / 09 / 2020
Name of Federal Candidate Support Office	ee Sought: House District:
KELLY, MARK, , ,	President Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought Disb 2020	oursement For: Primary Seneral Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	2263.10
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	2263.10
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
24.0	07 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	